

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009513

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318  
1003  
FILED MAR 14 1963

2791

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>E. St. Louis</i>	
Length of stay in lb <i>3 days</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis-Little Rock Hospitals, Inc.</i>		d. STREET ADDRESS (If outside, give location) <i>Apt. #34 Samuel Gomphers Home</i>	
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Chase</i> Last <i>Thornton</i>		4. DATE OF DEATH Month <i>March</i> Day <i>10</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-8-1894</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pensr. Bus. Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	
11. BIRTHPLACE (City and state or country) <i>Murphysboro, ILL</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>WILFORD S. THORNTON</i>		13b. MOTHER'S MAIDEN NAME <i>ANNIE THOMPSON</i>	
14. NAME OF HUSBAND OR WIFE <i>Helen</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>318</i>		17. INFORMANT <i>Helen Thornton</i> Address <i>E. St. Louis, Ill</i>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction, Deunk</i> <i>Coronary Arteriosclerosis</i> <i>Generalized Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Generalized Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>4.10 A.</i> a.m. <i>4.10</i> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i> COUNTY <i>St. Louis</i> STATE <i>Ill</i>	
21. I attended the deceased from <i>1957</i> to <i>1963</i> and last saw him alive on <i>3-9-63</i> Death occurred at <i>4.10 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Quincy B. Boyd MD</i> (Degree or title)		22b. ADDRESS <i>1755 So Grand Blvd</i>	
22c. DATE SIGNED <i>MAR 11 1963</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>3-10-63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>VAL HALLA Cem</i>	
23d. LOCATION (City, town, or county) <i>Belleville, Ill</i>		23e. DATE RECD. BY LOCAL REG. <i>MAR 11 1963</i>	
24. FUNERAL DIRECTOR <i>Harry Robins</i> ADDRESS <i>E. St. Louis, Ill</i>		25. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Frank Prohoff*

Licensed Embalmer No.

*4356*

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.